

MEPRS MANUAL DEFINITION OF "VISIT"

Text of the MEPRS MANUAL definition of a "Visit" for use in the Military Treatment Facilities. **This definition is not applicable in a civilian setting.**

1.0. VISIT

Each time an eligible beneficiary presents himself to a separate organized clinic or specialty service for examination, diagnosis, treatment, evaluation, consultation, counseling, medical advice; or is treated or observed in his quarters; and a signed and dated entry is made in the patient's health record or other record of medical treatment, then a visit is considered to have been completed and is countable; however, with the exception that consecutive clinic visits to specialty clinics, i.e., physical therapy and occupational therapy, will not require a signed and dated entry at each visit, unless there is a change in the prescribed treatment, or significant physical finding is evident. In all instances, however, an acceptable record audit trail will be maintained. For example, a clinic log or treatment card may be maintained as a source document to support an audit trail. Classification of a service as a visit will not be dependent on the professional level of the person providing the service (includes physicians, nurses, physician's assistants, medical specialists, and medical technicians). Further, the definition "Occasion of Service" will be carefully considered to assure that credit for a visit is not extended when in fact the criteria for "visit" as sent forth in [Note 1](#) is not satisfied.

A patient seen at the Primary Care Clinic and two other specialty clinics on the same day is reported as three visits. A patient visiting a clinic in the morning and again in the afternoon will count as two visits (providing the requirements of NOTE 1 are satisfied). These rules apply even if the patient is admitted as an inpatient immediately following a visit.

Conversely, double counting will be avoided; for example, a visit during which both a physician and a medical technician in the same clinic have been involved will count only as one visit; or when the initial encounter with the patient is for the purpose of determining the appropriate source or level of care (triage/screening), no visit will be counted solely for this function. Other examples of patient/medical care provider contacts which **shall be** included and counted as visits are:

1.1. **Each time** a patient is seen who has been referred to a clinic or specialty service by another facility. (If the person is an inpatient of the referring facility, he/she shall be counted as an outpatient.)

1.2. **Each time** a patient is seen, even though he/she may be referred elsewhere for admission.

- 1.3. **Each time** a patient is seen in the Emergency Room, Primary Medical Care area, or other designated area outside the regularly established clinic hours.
- 1.4. **Each time** medical advice or consultation is provided by telephone if properly documented in the health records. (See [Note 1](#)).
- 1.5. **Each time** all or part of a complete physical examination or flight physical examination is performed in a separately organized clinic, specialty service, or general outpatient clinic. Under this rule, one complete physical examination requiring the patient to be examined or evaluated in four different clinics is reported as four visits.
- 1.6. **Each time** a therapist provides primary care (e.g. patient assessment while serving in a physician extender role) and then refers a patient for specialized treatment in the same clinic, then one visit for primary care and one visit for treatment shall be counted.
- 1.7. **Each time** contact is made by clinic or specialty service members (other than primary physician) with patients on hospital wards, when such services are scheduled through the respective clinic or specialty service. (See [Note 2](#).) Examples would be: a physical therapist being requested by the attending physician to initiate certain therapy regimens to a patient who is in traction and unable to go to the clinic; or a dietitian requested to come to the bedside of a strict bed patient to explain and delineate a particular diet. Conversely, a physical therapist or a dietitian making routine ward patient visits will not be countable as a visit.
- 1.8. **Each time** an examination, evaluation, or treatment is provided in the home, school, community center, or other location outside of the medical treatment facility by a health care provider paid from appropriated funds.
- 1.9. **Each time** one of the following tasks is performed when not a part of routine medical care, and the visit is associated with or related to the treatment of a patient for a specific condition requiring follow-up or to a physical examination and the provisions of [Note 1](#) are complied with:
- Therapeutic or desensitization injections
 - Cancer detection checks (example PAP smears)
 - Blood pressure checks
 - Weight checks
 - Prescription renewals (do not include refills)
- 1.10. For group therapy sessions, count each patient attending as one visit regardless of the length of the session or the number of health care personnel involved (Example: psychologists, psychiatrists, social workers, dieticians) when conducting the group therapy session and when the provisions of [Note 1](#) are satisfied. Conversely, group activity counseling (prospective parents classes, group instructions in first aid, and other sessions of this type) will be reported as one visit regardless of the number of participants, when individual treatment, examination, evaluation, or therapy is not provided.
- 1.11. **Each time** a screening physical examination is performed (Example: school, sport, employment and other like examination) providing an appropriate medical record entry is made (see [Note 1](#)).

2.0. Do not report the following as visits:

- Occasions of service such as prescriptions filled by the pharmacy, x-rays surveys or examinations, laboratory tests, immunizations or other diagnostic tests that are not part of a specific treatment.
- Furnishing of medical advice or information, either directly or by telephone that does not satisfy the requirements of [Note 1](#).
- Visits at which treatment is rendered by providers paid from nonappropriated funds will not be included in outpatient work loads which support appropriated fund requirements.
- Visits to functions listed in the Special Programs section will not be counted as visits to any of the Ambulatory Care accounts. Also, such visits will not be used in any cost assignment process for Ambulatory Care accounts.

NOTE 1: The key to reporting visits is adequate documentation on appropriate medical records, for example, SF600, SF513, OT&PT records of treatment to support the audit trail. "Refill prescription for birth control pills" with date and signature of the health care provider is not sufficient. The entry should indicate that discussion of use of pills and counseling did take place, for example, "discussed with patient; no apparent problem in use - patient advised to have a PE and PAP prior to next request for renewal; six months prescription for Ovulen given."

NOTE 2: Visits of inpatients to ambulatory work centers and of providers (except the primary physicians and others excepted above) to inpatients on hospital wards shall be separately identified from routine inpatient visits. In addition, inpatient visits to ambulatory work centers shall be identified and segregated by code of the inpatient work center from which the patient was referred. This is done to assign expenses assigned to the appropriate inpatient code in Step 5 of the cost assignment sequence.

NOTE 3: Visits are not chargeable to cost pools.

